

WORKER OBSERVATIONS—DISABILITY

| | |
|-----------|------------------------|
| Applicant | Social security number |
|-----------|------------------------|

Check appropriate responses and explain in “remarks” where necessary.

1. Did this person appear: ☐ Pale ☐ Jaundiced (yellow)
2. Was this person wearing a hearing aid? ☐ Yes ☐ No
3. Was this person wearing glasses? ☐ Yes ☐ No
- During the interview, did this person use a magnifying glass? ☐ Yes ☐ No
4. Did this person:
- a. Use a cane? ☐ Yes ☐ No
- b. Use a wheelchair? ☐ Yes ☐ No
- c. Use a walker? ☐ Yes ☐ No
- d. Walk with a limp? ☐ Yes ☐ No
- If yes, ☐ Right ☐ Left
5. Did this person:
- a. Appear to have an injury? ☐ Yes ☐ No
- If yes, explain below.
- b. Appear to be confused/disoriented? ☐ Yes ☐ No
- If yes, explain below.
- c. Have a noticeable breathing difficulty? ☐ Yes ☐ No

Remarks:

| | |
|--------------------|------|
| Eligibility Worker | Date |
|--------------------|------|